U.S. ARMY ACCIDENT REPORT INDEX B

REQUIREMENTS CONTROL SYMBOL CSOCS-308

For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA

1. DATE OF ACCIDENT	(YYMMDD)
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2. TAB	Title	Encl	Not Appl	See Remarks
Α	Statement of Reveiwing Officials (DA Form 285-0)			
В	U.S. Army Accident Report (DA Form 285)			
С	Findings and Recommendations			
D	Narrative of Accident			
E	Summary of Witness Interviews (DA Form 285-W)			

3. REMARKS			
	DO A DD MACMADEDO		
	BOARD MEMBERS		
			Address and Tal No
a. President <i>(Name and Signature)</i>	SSN		Address and Tel No.
	SSN		Address and Tel No.
		Br	Address and Tel No.
	SSN	Br	Address and Tel No.
a. President <i>(Name and Signature)</i>	SSN Grade		
	SSN		Address and Tel No. Address and Tel No.
a. President <i>(Name and Signature)</i>	SSN Grade SSN		
a. President <i>(Name and Signature)</i>	SSN Grade		
a. President (Name and Signature) b. Recorder (Name and Signature)	SSN Grade SSN Grade	Br	Address and Tel No.
a. President <i>(Name and Signature)</i>	SSN Grade SSN	Br	
a. President (Name and Signature) b. Recorder (Name and Signature)	SSN Grade SSN Grade	Br	Address and Tel No.
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a. President (Name and Signature) b. Recorder (Name and Signature)	SSN Grade SSN Grade SSN	Br	Address and Tel No.
a. President (Name and Signature) b. Recorder (Name and Signature) c. Flight Surgeon (Name and Signature)	SSN Grade SSN Grade SSN Grade	Br Br	Address and Tel No. Address and Tel No.
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a. President (Name and Signature) b. Recorder (Name and Signature) c. Flight Surgeon (Name and Signature)	SSN Grade SSN Grade SSN Grade SSN	Br Br	Address and Tel No. Address and Tel No.
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a. President (Name and Signature) b. Recorder (Name and Signature) c. Flight Surgeon (Name and Signature) d. Instructor Pilot (Name and Signature)	SSN Grade SSN Grade SSN Grade SSN Grade	Br Br	Address and Tel No. Address and Tel No. Address and Tel No.
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